

PHYSICIAN APPLICATION TO
CORRECT A MICHIGAN DEATH RECORD
(For deaths that occurred **AFTER** Jan. 1, 2004)

(Fee Required)

For additional information
(517) 335-8660
Mon-Fri 8:00 am - 5:00 pm ET

MAIL APPLICATION, INCORRECT DEATH RECORD AND PROPER FEE TO:
Vital Records Changes
P.O. Box 30721
Lansing MI 48909

PHYSICIAN REQUESTING CORRECTION		PLEASE PRINT CLEARLY AND LEGIBLY									
Applicant must be the physician who certified the death. Please provide your name and complete mailing address to mail the new record to you, and a phone number to contact you if there are questions regarding this request.											
Physician's Name:											
Mailing Address:											
City, State, Zip Code:											
Daytime phone:	Area Code and Number										

DECEDENT'S INFORMATION			
1. NAME OF DECEDENT (First, Middle, Last)	2. DATE OF BIRTH (Month, Day, Year)	3. GENDER 9 Male 9 Female	4. DATE OF DEATH (Month, Day, Year)
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b and 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code)	7b. City, Village or Township	7c. County of Death	

INSTRUCTIONS: Please enter the correction for any items in error on the original death certificate in the appropriate spaces below.

36. PART I Enter the <u>chain of events</u> - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac or respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on each line.		Approximate Interval Between Onset and Death
<div style="font-size: small;">If diabetes was an immediate, underlying or contributing cause of death, be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate.</div> <div style="font-size: small;">IMMEDIATE CAUSE (Final disease or condition resulting in death)</div> <div style="font-size: small;">Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST</div>	<div>a. _____</div> <div>b. _____</div> <div>c. _____</div> <div>d. _____</div> <div>e. _____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>
PART II <u>Other significant conditions contributing to death</u> but not resulting in the underlying cause given in Part I _____		<div style="font-size: small;">27a. WAS AN AUTOPSY PERFORMED? (Yes or No)</div> <div style="font-size: small;">27b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)</div>

29. MEDICAL EXAMINER CONTACTED? (Specify Yes or No)		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify)	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify)	40a. WAS AN AUTOPSY PERFORMED? (Yes or No)	40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)	
41a. DATE OF INJURY (Month, Day, Year)	41b. TIME OF INJURY AM PM	41c. DESCRIBE HOW INJURY OCCURRED	
41d. INJURY AT WORK (Yes or No)	41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)	41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)	41g. LOCATION Street or RFD No. City, Village or Twp State

PART III

OTHER CHANGES REQUESTED

Please list below any changes requested relating to the medical facts of this death that are not addressed in Part I or II of this application:

- Item to be changed: _____
Information as it appears now: _____
Information as it should appear: _____
- Item to be changed: _____
Information as it appears now: _____
Information as it should appear: _____

I request that an amended certificate of death be filed in accordance with the facts set forth in this application.

K Physician's Signature: _____ Date: _____
Physician's License Number: _____

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PAYMENT - The fee for correcting a Michigan death record is \$40.00 and includes one copy of the record with the changes made. Additional copies of the new record are available for \$12.00 each when ordered at the same time. **Payment must be made by check or money order and made payable to the "State of Michigan."**

Application Fee (Non-Refundable) Fee includes one (1) certified copy of the record	\$ 40.00	\$ 40.00
_____ Additional Certified Copies	\$ 12.00 Each	\$
TOTAL ENCLOSED:		\$

PENALTIES: Any person who willfully and knowingly makes false application to change a Michigan vital record may be fined and/or imprisoned, pursuant to MCL 333.2894(1)(b) and (c).